

CORRECTED

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

16 NOV 2007

FILING DATE

10/554382

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/		/	52						
3				/		/	53						
4				/		/	54						
5				/		/	55						
6				/		/	56						
7				/		/	57						
8				/		/	58						
9				/		/	59						
10				/		/	60						
11	/		/		/		61						
12	/		/		/		62						
13	/		/		/		63						
14	/		/		/		64						
15	/		/		/		65						
16	/		/		/		66						
17				/		/	67						
18				/		/	68						
19				/		/	69						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2		2								
TOTAL DEP.	17	←	17	←	17	←							
TOTAL CLAIMS	19		19		19								